

City of Milwaukee

Affidavit for Benefits Enrollment of "Non-Tax" Defined Dependent(s)

I, _____, Employee/Retiree ID Number _____,
(Print First and Last Name)

declare under penalty of perjury, that my dependent(s) listed below **does not** meet the following definition of a dependent as defined by IRS Code Section 152:

A person is an employee's **qualifying child** for a year if the following requirements are met.

- The child is the employee's child or step-child
- The child has the same principal abode as the employee for more than one-half of the year
- At the end of the year, the child is under 19 years old (24, if a student) or is permanently disabled
- The child does not provide more than one-half of his or her own support for the year

I understand my non-tax defined adult child(ren) is/are eligible for enrollment in the City of Milwaukee's medical and dental insurance plans during the annual enrollment period, or at such time I have a qualified change in family status.

I agree to notify the Department of Employee Relations, Employee Benefits Section, in writing, within thirty (30) days, any change of circumstance attested to in this Affidavit.

I understand the tax implications of covering this dependent(s), and declare under penalty of perjury by the laws of the state of Wisconsin that the statements I have made here are true and correct. I understand that any false statement contained in this Affidavit, including failure to provide updated information as required herein, may be grounds for termination of benefits.

Signature

Date

Dependent(s) to be covered:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender: M / F

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender: M / F

Notarization:

State of _____, County of _____ On this, the _____

day of _____, 20____, before me a notary public, the undersigned, personally appeared known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and that he/she executed the same for the purposes herein contained. In witness hereof, I set my hand and official seal.

Signed: _____ My Commission Expires: _____